



**DEPARTMENT OF ECONOMIC & COMMUNITY DEVELOPMENT
 COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
RECEIPT OF PAYMENT FOR BACK WAGES
 (As approved by the Maine Office of Community Development)**

Wage Determination Number: _____ CDBG Project Number: _____

Project Name: _____ Grantee: _____

I, _____, hereby acknowledge receipt of payment in full from
 (Name of Employee)
 _____, for the period beginning with the work week ending
 (Name of Contractor or Subcontractor)
 _____ through the work week ending _____ of unpaid wages due me
 (as shown in the column below on the right) under the Act(s) indicated in the marked space(s) below:

- | | |
|--|-------------------------------|
| <input type="checkbox"/> The Davis-Bacon and Related Acts | Gross Amount: \$ _____ |
| <input type="checkbox"/> The Contract Work Hours Standards Act | Legal Deductions: \$ _____ |
| | Net Amount Received: \$ _____ |

NOTICE TO EMPLOYEES:

DO NOT SIGN THIS RECEIPT UNLESS YOU HAVE ACTUALLY RECEIVED PAYMENT OF BACK WAGES DUE

Date: _____ Signature of Employee: _____

Employee Social Security Number: _____ - _____ - _____

Employee Address: _____

EMPLOYER'S CERTIFICATION

I hereby certify that on this date _____, paid the above named employee in full covering unpaid wages as stated above.

Authorized Contractor Signature: _____ Title: _____

Address: _____

_____ Telephone: _____

PENALTIES ARE PRESCRIBED FOR FALSE STATEMENTS AND FALSE RECORDS